

# Vernon Street Medical Centre

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Vernon Street Medical Centre on 22 July 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- The practice demonstrated an open and transparent approach to safety. There were systems in place to enable staff to report and record significant events. Learning from significant events was shared.
- Risks to patients were assessed and well managed. A health and safety action plan was in place and risks were monitored on an ongoing basis.
- Staff delivered care and treatment in line with evidence based guidance and local guidelines. Training had been provided for staff to ensure they had the skills and knowledge required to deliver effective care and treatment for patients.
- Clinical audits were undertaken and showed improvements in the quality of care provided to patients.
- Feedback from patients was that they were treated with kindness, dignity and respect and were involved in decisions about their care.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice proactively sought feedback from patients through the use of surveys and via the NHS Friends and Family Test.
- Patients said they could generally get appointments when they needed one. There were systems in place to monitor demand for appointments and the practice continually sought to improve access for patients. A new telephone system was being installed in response to patient feedback.
- There was a clear leadership structure which all staff were aware of. Staff told us they felt supported by the partners and management.
- There was a clear vision and mission which was shared with patients on the website and throughout the practice.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The areas where the provider should make improvements are:

- The provider should ensure that their business continuity plan is updated to formalise arrangements for dealing with major incidents or emergencies
- The provider should strengthen their system to record actions taken to address infection control issues.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- The practice had systems in place to enable staff to report and record significant events. Staff understood the systems and were encouraged to report events and incidents.
- Learning from significant events was identified and shared to improve safety.
- When things went wrong patients received support, information and apologies. They were told about actions to improve processes to prevent the same thing happening again.
- Systems and processes were in place to ensure patients were kept safe and safeguarded from abuse. For example, there were processes in place to ensure medicines were managed safely within the practice. The practice had recently recruited two practice pharmacists who ensured that safe prescribing processes were in place within the practice.
- Risks to patients were assessed and well managed across the practice. A health and safety action plan had been implemented and improvements made in a range of areas including updating policies and issuing staff with employee safety handbooks.
- Two areas needed strengthening and these were updating their business continuity plan and strengthening records maintained of action taken to address infection control issues.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Guidelines were discussed at regular clinical meetings and the practice had recently introduced educational meetings.
- Clinical audits were undertaken within the practice and demonstrated improvement in the quality of clinical care.
- Data showed that the practice was performing well when compared to other practices.
- The practice had an overall exception reporting rate within QOF of 14.4% which was 3.3% above the CCG average and 5.2%

Good



# Summary of findings

above the national average. Exception reporting was carried out in line with guidance and we saw that there were measures in place to reduce exception reporting rates and to encourage as many patients as possible to attend for reviews.

- Screening rates for cervical cancer, breast cancer and bowel cancer in line with local and national averages.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. In addition to six-weekly community support team meetings, the practice held regular clinical meetings.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed some areas of positive performance. For example 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- A recent patient survey undertaken by the practice demonstrated that the vast majority of patients within the practice felt well cared for by GPs, nurses and reception staff.
- Feedback from patients we spoke with and on completed comment cards was positive about the care provided by the practice. This aligned with feedback from local care and nursing homes.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. We saw a number of examples of staff going the extra mile to support patients. For example, one of the GPs visited a patient who was nearing the end of their life on Christmas day to ensure continuity of care.
- The practice had identified 6% of their patient population as carers and provided them with support and services such as flu vaccinations.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the local population and delivered services to meet their needs. For example, the practice offered nursing and health care assistant services to patients who were housebound.

Good



# Summary of findings

- A range of services were offered by the practice to avoid patients having to travel including minor surgery and joint injections.
- Monthly ward rounds were carried out at nursing and care homes to ensure all patients were reviewed on a regular basis.
- Patients said they were able make urgent appointments when required.
- In response to patient feedback regarding telephone access, the practice was implementing a new telephone system.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice's vision was supported by a mission statement and areas of focus.
- There was a clear leadership structure with senior staff having key areas of clinical responsibility.
- Policies and procedures were in place to govern activity and the practice held regular partners' meetings to review governance.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The partners and the practice manager encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and development with staff being encouraged to undertake training and develop their roles. The practice hoped to become a training practice in the future.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

- Personalised care was offered by the practice to meet the needs of its older population. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Longer appointments were also provided for older people on request.
- The nursing team visited patients who were housebound to facilitate long-term condition reviews at home.
- Services were provided to a number of older people in nursing homes. Ward rounds were undertaken monthly to ensure patients were regularly reviewed. This work was supported by the practice pharmacists who undertook care home medication reviews. Feedback from one of the nursing homes covered by the practice was positive about the level of engagement demonstrated by the practice.
- Pharmacists undertook medication reviews for older patients to ensure appropriate monitoring of patients taking multiple medicines.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Clinical staff had lead roles in managing patients with long-term conditions and those patients identified as being at risk of admission to hospital were identified as a priority.
- Performance for diabetes related indicators was 99.97% which was 6.9% above the CCG average and 10.8% above the national average.
- Longer appointments and home visits were available when needed to facilitate access for these patients.
- All these patients had a named GP and were offered regular reviews to check their health and medicines needs were being met.
- For patients with the most complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.
- Patients with multiple long-term conditions were reviewed at one appointment where possible.

Good



# Summary of findings

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- Systems were in place to identify children at risk. The practice had a dedicated child safeguarding lead and staff were aware of who this was. The practice was working with the health visitor to strengthen links including inviting the health visitor to attend their regular community support team meetings.
- Vaccination rates for childhood immunisations were in line with local averages.
- Patients told us that children and young people were treated in an age-appropriate way and treated as individuals and the premises were suitable for children.
- Maternity services and baby checks were provided at the practice. Patients could access midwife services from the practice.
- One of the GP partners sat on the paediatric clinical improvement group for the clinical commission group (CCG) and contributed to the development of local care and referral pathways.

Good



## Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice offered services which were accessible and flexible. For example the practice had introduced telephone triage to enable patients who could not get appointments to speak with a GP via telephone.
- The practice was proactive in offering online services including appointment booking and online prescription services.
- A range of health promotion and screening services were offered and promoted that reflected the needs of this age group. Uptake rates for cervical cancer screening, bowel cancer screening and breast cancer screening were in line with local and national averages.
- A range of services were offered at the practice to facilitate patient access including minor surgery and joint injections.
- Wireless internet services were provided within the practice.

Good



## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good





# Summary of findings

- The practice nurses and healthcare assistants undertook home visits for patients who were housebound to ensure they received a range of services.
- Information was available which informed vulnerable patients about how to access local and national support groups and voluntary organisations.
- Translation services were provided where these were required.
- In order to effectively support vulnerable patients, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care. Community support team meetings were held every six weeks.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Safeguarding concerns were regularly discussed at the weekly multidisciplinary meetings.
- The practice had identified 6% of their patient list as carers and offered support including annual flu vaccinations.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Performance for mental health related indicators was 100% which was 3.1% above the CCG average and 7.2% above the national average.
- 79.2% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 6.2% below the CCG average and 4.8% below the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

We reviewed the results of the national GP patient survey which were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 298 survey forms were distributed and 118 were returned. This represented a response rate of 40% and was equivalent to 1.2% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 completed comment cards which were all positive about the standard of care received. Patients highlighted the kind, caring staff and said they were always treated with dignity and respect.

We spoke with 12 patients during the inspection. All of patients said they were satisfied with the care they received and praised the staff working within the practice. Patients said that staff were polite, caring and they felt listened to.

Surveys undertaken by the practice showed patients were happy with the service they received from the practice. The results of the NHS Friends and Family test from November 2015 to June 2016 showed that 90% of patients would be extremely likely or likely to recommend the practice to their friends or family.

## Areas for improvement

### Action the service SHOULD take to improve

- The provider should ensure that their business continuity plan is updated to formalise arrangements for dealing with major incidents or emergencies
- The provider should strengthen their system to record actions taken to address infection control issues.

# Vernon Street Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience (an Expert by Experience is someone with experience of using GP services).

## Background to Vernon Street Medical Centre

Vernon Street Medical Centre provides primary medical services to approximately 9850 patients through a general medical services contract (GMS).

Services are provided from a main surgery; Vernon Street Medical Centre, 13 Vernon Street, Derby, DE1 1FW. Vernon Street Medical Centre is located in a Grade II listed building and has occupied its current premises since the 1950s. Primary medical services are provided from two floors within the building and there is lift access to the first floor.

Services are also provided from a branch surgery; The Lanes Medical Centre, 147 Normanton Lane, Littleover, Derby, DE23 6LF. The Lane Medical Centre was opened in 2008 replacing previous temporary accommodation. We did not visit the branch surgery as part of our inspection.

The level of deprivation within the practice population is similar to the national average with the practice population falling into the fifth most deprived decile. Income deprivation affecting children and older people is marginally above the national average.

The clinical team comprises six GP partners (one male, five female), two pharmacists (one full time equivalent directly employed by the practice), three practice nurses (female) and two healthcare assistants (female).

The clinical team is supported by a full time practice manager, an assistant practice manager an office manager and a team of reception and administrative staff.

The main surgery opens from 8.30am to 6.30pm Monday to Friday. Consulting times are from 8.30 to 11.00 each morning and from 2.30pm to 5.30pm each afternoon. Consultation times at the branch surgery are the same as the main surgery with the exception of Wednesday afternoons when the branch practice is closed.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU) and is accessed via 111.

The practice has identified that they are not currently registered to provide maternity and midwifery services as a regulated activity but are in the process of applying to add this regulated activity to their registration.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 July 2016. During our visit we:

- Spoke with a range of staff (including GPs, nurses, the pharmacist, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

Effective systems were in place which supported staff to report and record significant events:

- A new significant event protocol had been implemented in 2016 within the practice which outlined the process for reporting and recording significant events; staff were aware of the protocol and knew where to access this. Increased numbers of significant events had been recorded in 2016 following the introduction and dissemination of the new protocol.
- Significant events were initially reported to the relevant line manager of the staff member involved. Incident recording forms were available on the practice's computer system which were completed and sent to the practice manager. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant events were discussed weekly at the partners' meeting. Outcomes and learning were shared with relevant staff at staff or clinical meetings.
- Where patients were affected by incidents or significant events they were provided with support, explanations and apologies where appropriate. They were told about any actions taken to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

Clear and well-embedded systems were operated within the practice to keep patients safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Appropriate policies were in place and were easily accessible to all staff. Policies detailed who staff should contact within the practice if they were concerned about the welfare of

a patient. There was a lead GP for child and adult safeguarding. Children at risk were discussed with community health professionals and the practice had recently met with their designated health visitor to discuss how they could improve communication. Plans were in place for the health visitor to attend regular meetings with community based staff. GPs attended external safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to the appropriate level (level 3).

- Notices were displayed within the practice to advise patients that they could request a chaperone if required. Chaperone duties were undertaken by nurses and healthcare assistants who had received training for the role. All staff undertaking chaperone duties had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were maintained within the practice. We noted that the premises were clean and tidy and there were comprehensive cleaning schedules in place. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken and actions plans were produced which detailed any required improvements. We saw evidence that required improvements had been made however, these were not clearly documented on the improvement plan which meant it was unclear which areas were still outstanding.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place to handle repeat prescriptions which included the review of high risk medicines. Blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group

## Are services safe?

Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Specific Directions were used by the practice to authorise the healthcare assistant to administer

- The practice worked closely with the local clinical commissioning group (CCG) medicines management team and also directly employed two pharmacists. Regular medicines audits were undertaken within the practice to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice employed pharmacists ensured all of the medicines alerts received into the practice were reviewed and acted upon and this was robustly recorded and audited.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. Personnel files were well ordered and contained documents required to comply with relevant legislation. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were robust procedures in place for to monitor and manage risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. There was a health and safety action plan in place which identified areas for improvement and there was evidence that all improvements had been made in response to this. For example, all staff had been issued with employee safety handbooks.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for

a particular bacterium which can contaminate water systems in buildings). Risk assessments related to premises had been undertaken for the main surgery and the branch surgery.

- Arrangements were in place to plan and monitor staffing requirements. This ensured that the practice had the right number and skill mix of staff in place to meet the needs of patients. Rotas were in place for different staffing groups to ensure enough staff were on duty. Staffing needs had been reviewed in the last 12 months and a number of improvements had been made. For example, improvements had been in planning for staff annual leave and ensuring cover was in place. In addition administrative staff were all trained to do at least two different roles which ensured there was flexibility in the staffing team to cover planned and unplanned absences.

### Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were notices in each room to remind staff where they could access emergency equipment and emergency medicines.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a draft version of a business continuity plan in place for major incidents such as power failure or building damage. However, their plan needed to be reviewed to ensure it contained all of the information which might be required in the event of an emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically.
- Templates on the practice's computer system used for the review and monitoring of patients with long-term conditions were embedded with NICE guidelines. Other guidelines were also embedded within the clinical system including guidelines for antibiotic prescribing.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The practice monitored that guidelines were followed through risk assessments, audits and checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 99.8% of the total number of points available. This was 2.8% above the clinical commissioning group (CCG) average and 5.1% above the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 99.97% which was 6.9% above the CCG average and 10.8% above the national average. The exception reporting rate for diabetes indicators was 17.1% which was above the CCG average of 13.4% and the national average of 10.8%.
- Performance for indicators related to hypertension was 100% which was 1.4% above the CCG average and 2.2%

above the national average. The exception reporting rate for hypertension related indicators was 2.4% which was below the CCG average of 4.1% and the national average of 3.8%.

- Performance for mental health related indicators was 100% which was 3.1% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 31.2% which was above the CCG average of 16.9% and above the national average of 11.1%.
- 79.2% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 6.2% below the CCG average and 4.8% below the national average. The exception reporting rate for this indicator was 8.9% which was in line with the CCG average of 9.2% and the national average of 8.3%.

The practice had an overall exception reporting rate within QOF of 14.4% which was 3.3% above the CCG average and 5.2% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Exception reporting was carried out in line with guidance and we saw that there were measures in place to reduce exception reporting rates and to encourage as many patients as possible to attend for reviews. For example:

- Previously the practice's QOF achievement had been led and managed by one of the partners. Following a review of this, the practice decided that from last year this should be a shared responsibility and had put a team in place which included the practice employed pharmacist, the lead nurse, a GP partner and administrative support. The practice was in the process of implementing improved recall systems whereby patients with more than one long-term condition would be reviewed in one appointment.
- The pharmacists assisted the nursing team in the management of patients with long-term conditions. Nursing and pharmacy staff worked with administrative staff to continually improve the patient recall system and were working to ensure as many patients as possible were reviewed. Staff told us they were planning

# Are services effective?

## (for example, treatment is effective)

to amend the recall letters sent for some patients with long-term conditions to include more information to ensure they understood the potential risks of not attending for their review.

There was evidence of quality improvement including clinical audit.

- We reviewed five completed clinical audits which had been undertaken in the last two years. These demonstrated that the practice had acted upon findings by implementing improvement actions which had been monitored. For example, audits had been undertaken within the practice to review the prescribing of antipsychotic medication to patients with dementia. Improvements implemented had led to reduced and more focused antipsychotic prescribing in patients with dementia.
- The practice participated in local audits, benchmarking and peer review. Performance was discussed between practice at regular locality group meetings; for example, in relation to areas such as hospital admissions and prescribing rates.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Induction programmes were in place for all newly appointed clinical and non-clinical staff. These were role specific and covered a range of tasks which would be undertaken in each role. General areas were also covered such as, infection prevention and control, fire safety, health and safety and confidentiality.
- Relevant staff had access to role-specific training and updates including for those reviewing patients with long-term conditions. For example, practice nursing staff had undertaken training in areas including diabetes and asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Learning needs of staff were identified through appraisals, meetings and ongoing reviews of practice

development needs. Staff had access to training to meet their learning needs and to support them to cover the scope of their role. This included ongoing support, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the patient record system and their internal computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Arrangements were in place to effectively process incoming and outgoing correspondence. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice staff worked with other health and social care professionals within a community support team model. This team aimed to work together to meet the needs of their patients and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with community support team professionals on a six-weekly basis when care plans were routinely reviewed and updated for patients with complex needs. These were attended by a range of health and social care professionals including social workers and district nurses. Data showed that the practice's emergency admission rate had declined for each year for the last three years.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.



# Are services effective?

(for example, treatment is effective)

- Clinical staff undertook assessments of capacity to consent in line with relevant guidance when providing care and treatment for children and young people.
- Where there were concerns about a patient's capacity to consent to care or treatment clinicians undertook mental capacity assessments and recorded the outcome

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted relevant services.
- A physiotherapist was available on the premises and patients were signposted to local services for supporting with smoking cessation.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%. The practice ensured that patients who failed to attend for cervical screening were given reminders. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker

was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake rate for breast cancer screening was 77% compared to the CCG average of 79% and the national average of 72%. The uptake rate for bowel cancer screening was 55% compared to the CCG average of 61% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 93% to 95%.

New patients registering with the practice were asked to provide information about their health and lifestyle and were offered health checks with the health care assistant. Patients also had access to NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had issued 2991 offers for health checks since the scheme commenced and completed 1131. The practice had identified this as an area for improvement and was reviewing how they could increase uptake.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During the inspection, we observed that members of staff were friendly, polite and helpful towards patients and treated them with dignity and respect. Measures were in place within the practice to support patients to feel at ease; these included:

- Doors to consultation and treatment rooms were kept closed during consultations and conversations could not be overheard.
- Reception staff offered to speak with patients in a private area if they wanted to discuss something sensitive or they appeared distressed.
- Curtains were provided in consulting rooms to maintain dignity during examinations and treatments.

All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 12 patients during our inspection. They were all satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us they were listened to by staff and highlight the positive body language displayed by clinicians. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. Some results were below average for satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

However, the practice had undertaken their own patient survey in 2015/16 surveying over 130 patients. The results demonstrated patients were satisfied with care received from the practice. for example:

- 99% of patients said the GP was very good or good at putting them at ease
- 100% of patients said the GP was very good or good at being polite and considerate
- 97% of patients said the GP was very good or good at listening to them
- 92% of patients said the GP was very good or good at giving them enough time
- 95% of patients found the receptionists helpful

We received feedback about the practice from a local nursing home and a local care home for patients with mental health conditions. The feedback highlighted the empathy, understanding and support provided by the practice staff.

Positive feedback from patients and stakeholders was shared with staff on a noticeboard in a communal area of the practice. There were a number of examples of staff going the extra mile to meet the needs of patients. For example, one GP visited a patient who was nearing the end of their life at home on Christmas day to ensure continuity of care and to provide support.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make informed decisions about treatments available to them. Patient

## Are services caring?

feedback from the comment cards we received was also positive and aligned with these views. We noted that care plans were thorough and personalised to the needs of individual patients.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mixed compared with local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Results from the practice's own survey showed patients responded positively to questions about involvement in care and treatment:

- 92% of patients said the GP was very good or good at explaining conditions and treatment
- 95% of patients said the GP was very good or good at involving them in decisions about their care

Facilities were provided to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Some information leaflets were available in easy read format and in other languages where required.

### **Patient and carer support to cope emotionally with care and treatment**

A range of information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Information included details about mental health support organisations, dementia support and support during periods of bereavement.

The practice's computer system alerted GPs if a patient was also a carer. The practice worked with their community trust employed care coordinator to identify and support patients who were carers. For example, carers were offered flu vaccinations annually. Carers were signposted to support organisations as required and information packs were available which outlined support available. The practice's new patient registration form requested information about the caring responsibilities of patients. The practice had identified 606 patients as carers which was equivalent to 6% of the practice list.

Staff told us families who had experienced bereavement would be contacted by their usual GP where appropriate. This contact would be followed by a consultation or visit if required. Families would be provided with information about support services available to them if needed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example:

- There were longer appointments available for patients with a learning disability and for those who required them.
- Patients could access physiotherapy services within the practice premises.
- A minor surgery service was offered each month which reduced the need for patients to travel to receive treatment.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were named GPs allocated to nursing and care homes and visits were undertaken as requested in addition to regular monthly reviews of each patient. Feedback from care and nursing providers was positive about the responsiveness of the practice and in respect of the monthly contact visits.
- Urgent appointments were available for children and for those patients with a medical problem that required same day consultation.
- There was access for disabled patients at the rear of the practice and a lift had been installed to facilitate access to the upper floor of the practice.
- Measures were in place to ensure information was accessible to those who required it. For example, there was braille signage in the lift and information could be provided in a range of font sizes.
- Nurses and healthcare assistants visited housebound patients at home to ensure they were able to receive the full range of services they required.
- A hearing loop and translation services were available for those patients who required them.
- A wireless internet service was provided within the surgery for patient use.
- The branch practice hosted an outreach hearing clinic where patients could access basic checks for their hearing aids.

- Primary medical services were provided to residents of a local probation hostel. The practice told us there was a high demand for services from residents.

### Access to the service

The practice was open between 8.30am and 6.30 Monday to Friday. Appointments were from 8.30am to 11am each morning and 2.30pm to 5.30pm each afternoon. Afternoon appointments were not provided on a Wednesday from the branch surgery. Extended hours appointments were not provided by the practice. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed compared to local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 68% of patients said they usually got to see or speak to their preferred GP compared to the CCG average of 55% and the national average of 59%.

The practice had undertaken a patient survey in 2015/16 which showed that the majority of patients were satisfied with access to appointments. For example:

- 77% of patients surveyed said the practice was open at times that were convenient to them

We saw evidence that the practice continually reviewed access to appointments and sought to make improvements. Reviews and improvements included:

- Undertaking audits of appointments and access to appointments including reviewing the number of appointments available to book in advance
- The practice had decided to invest in a new telephone system which was due to be installed later in the year to improve telephone access.
- In response to patient feedback the practice had introduced telephone triage to enable patients to speak to a GP if they were unable to book an appointment.

# Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated duty doctor each day who took responsibility for all home visits
- Pharmacists had been recruited to the clinical team and were undertaking medication reviews within the practice and in care and nursing homes

People told us on the day of the inspection that they were able to get appointments when they needed them. This aligned with the view expressed in the completed comment cards.

## **Listening and learning from concerns and complaint**

There were systems in place to ensure complaints and concerns were handled effectively.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- Information was available to support patients understand the complaints system. This included leaflets and information displayed within the practice.

The practice had received 15 complaints in the last 12 months. We looked at three complaints in detail and found that these were handled with openness and transparency. Complaints were acknowledged and responded to promptly. People making complaints were provided with explanations, apologies and told about actions taken to improve the quality of services provided. Complaints were categorised by service area and reviewed regularly to ensure trends were identified and action taken to address these. For example, internal training had been provided as a result of concerns expressed about attitude of staff.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The practice had an overarching mission which was to provide high quality care for all, now and for future generations.

- The mission was underpinned by the practice's vision to give people greater control of their health and wellbeing, supporting them to live longer healthier lives through high quality health and care services that are compassionate, inclusive and constantly improving.
- The practice's vision was broken down into key areas of focus including people, partnership and premises.
- The senior leadership group within the practice met regularly to discuss their strategy and plan for the future.
- A resilience plan had been developed by the practice using learning from experiences over the last one to two years. This covered areas such as planning staffing for holidays and peak times of demand; providing flexible access; skills mix; the use of technology and succession planning. The resilience plan outlined and demonstrated areas of improvement which had been made including changing the way in which doctors used accrued time off and planning holidays to ensure better cover arrangements were in place.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had developed an organigram which outlined the leadership and reporting structure within the practice. This was displayed around the practice.
- Practice specific policies were implemented and were available to all staff. Policies were regularly reviewed and updated. Clinical protocols were developed by the clinical team and were regularly reviewed.
- A comprehensive understanding of the performance of the practice was maintained. Regular reviews and audits of areas such as access to appointments were undertaken. In addition to this the practice undertook its own survey on a regular basis to ensure it had access to patient feedback about the services provided.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice also reviewed and acted upon performance information available from their clinical commissioning group (CCG) and their locality area.
- There were robust arrangements in place to identify, record and monitor risk and to implement mitigating actions.
- The practice had achieved Data/Paperlight Accreditation from the Arden and Greater East Midlands Commissioning Support Unit. Assessment to achieve this accreditation had reviewed the quality of patient records, record and information sharing and security and patient safety.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical staff had lead roles and responsibilities including areas such as minor surgery, learning disabilities and mental health. In addition to lead roles internally, three of the partners were involved in local community improvement groups which strengthened their links with secondary care providers. The partners and the practice manager told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners and management encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- Affected people received support, information and apologies where appropriate.
- The practice kept records of verbal and written interactions.

There was a clear leadership structure in place and staff felt supported by management.

- There had been a significant amount of change to staffing within the practice in the last two years. This had

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

included a number of partnership changes; the recruitment of a new practice manager in May 2015; a new senior nurse in September 2015; the recruitment of two pharmacists in December 2015; a number of staff retirements and changes to the reception staff team.

- Staffing shortages and changes had presented challenges to the practice but staff reflected that they had worked well as a team and had been supported by the practice manager and the partners.
- The practice manager had identified a number of areas for improvement within the practice and evidence showed new and improved systems had been implemented in a range of areas including health and safety, human resources and leadership. The practice had also sought support from external sources including practice managers in the locality, the clinical commissioning group (CCG) and the local medical committee (LMC).
- Two GP partners had recently completed the GP development programme through the East Midlands Leadership Academy. This programme was designed to increase the confidence, motivation and resilience of GP as well as giving them a strategic focus and leadership skills.
- Regular meetings were held within the practice involving all staffing groups. These included weekly partners' meetings, regular business meetings, clinical and staff meetings. An away day for all staff had been held in February 2016.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Evening education sessions had recently been introduced to give the partners an opportunity to focus on educational topics outside of their working day.
- Staff said they felt respected, valued and supported, particularly by the partners and the management team in the practice. Staff were encouraged to develop in their roles and provided with training to support for this. For example, NVQ training was being planned for mid-level managers.

The practice had identified some key areas of focus for the future including:

- Consolidation of the team and stabilisation of staffing
- The practice was working towards becoming a training practice
- Continued involvement in the CCG driven initiative of place based working which encouraged a number of practices in a locality area to work together to meet the needs of the local population.

## **Seeking and acting on feedback from patients, the public and staff**

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice patient group had 17 members and corresponded virtually. Objectives were set based on feedback and areas for improvement were identified. For example, telephone access had been highlighted as an issue which had resulted in the practice arranging for a new telephone system to be installed.
- The practice had conducted a survey of over 130 patients in 2015/16 to gather feedback in a number of areas including gathering views about how patients felt they were treated and how easily they could access services.
- The practice had gathered feedback from staff through an away day, staff meetings, general discussions, appraisals and a staff survey. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- Positive feedback from patients and stakeholders was shared with staff on a noticeboard in a communal staff area.